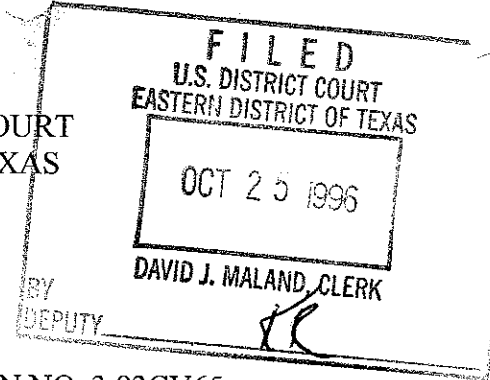


IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
PARIS DIVISION



LINDA FREW, ET AL.,  
Plaintiffs,

V.

MICHAEL McKINNEY, ET AL.  
Defendants.

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CIVIL ACTION NO. 3:93CV65

**DEFENDANTS' MONITORING REPORT, OCTOBER 1996**

TO THE HONORABLE JUDGE JUSTICE:

Pursuant to Paragraph 306 of the Consent Decree, Defendants file their Monitoring Report, attached as Exhibit A, and incorporated by reference.

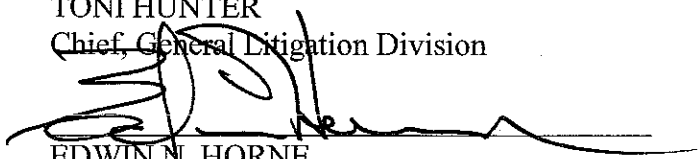
Respectfully submitted,

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ATTORNEYS FOR DEFENDANTS

**CERTIFICATE OF SERVICE**

I certify that a true and correct copy of the foregoing Defendants' Monitoring Report, October, 1996 has been served on this the 23rd day of October, 1996, on the following counsel of record:

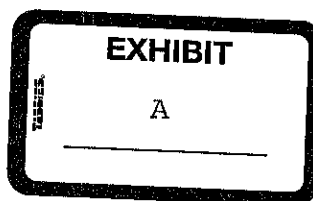
Susan F. Zinn  
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**(VIA HAND DELIVERY)**



EDWIN N. HORNE  
Assistant Attorney General

<b>1996 LAWSUIT ACTION ITEMS</b> Updated <b>October 21, 1996</b>		
Action	Deadline	Status
1. Defendants will mail letters about the 1 year dental check- up 2 months before the check-up is due. #17	To be Implemented no later than January, 1996	State office mailing of the attached dental letter (Exhibit I) to 10 month old THSteps clients began in April 1996. The average number of letters mailed each month is 14,390. Exhibit II is the new revised letter. (Reference to the "Y" and "N" have been removed from the text of the letter with the implementation of the new Medicaid ID form.)
2. Assist public providers to fully serve EPSDT recipients. (For example, Bexar County Hospital District) #136	1/96	Bexar County Hospital District is now billing for medical screens eg; 2,861 medical screens have been paid for in the first 11 months of FY'96.
3. The tracking system for progress towards completion of all immunizations will be in place and running #91.	By January, 1996	The system is in place. Immunization records data for THSteps children (billed through the Medicaid Program) is now being entered into the system. Piloting of the provider on-line system will begin in November 1996.



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<p>4. Defendants will conduct an initiative to encourage all Family Planning agencies that serve Medicaid recipients to enroll as EPSDT Medical check-up providers. #139</p>	<p>By January, 1996</p>	<p>Attached is a copy (Exhibit III) of an article that appeared in the June/July 1995 Texas Medicaid Bulletin entitled "EPSDT Enrollment Initiative for Family Planning Agencies" encouraging agencies to enroll as EPSDT medical check up providers. Attached is a copy of a November 13, 1995, letter (Exhibit IV) that was mailed to all planning providers over the Family Planning Director's signature.</p> <p>As of September 1996, a TDH workgroup is reviewing the development of EPSDT (THSteps) Medicaid procedure codes to allow payment for the provision of a THSteps medical check-up or adolescent preventive health comprehensive visit concurrent with the family planning annual exam visit. These codes would need to meet the requirements of both program standards and allow the family planning visit to be expanded to include the additional protocols required for THSteps services at the same visit without duplication of same. The workgroup is determining the feasibility of implementing these codes and the impact on managed care.</p>
<p>5. Defendants will conduct Outreach to families with EPSDT recipients infants. (Baby Bottle Tood Decay) #148</p>	<p>Beginning January, 1996</p>	<p>BBTD outreach has begun in TDH Regions 8 and 6. (Exhibit V) As noted in item # 1 above, monthly outreach letters are being mailed to 10 month old infants.</p> <p>Under development, is an outreach and informing letter to be mailed from state office to pregnant women. Anticipated implementation date is November 1996.</p> <p>A BBTD brochure has been developed, printed and distributed to both TDH THSteps staff in the regions for use in working with clients and to NHIC staff for use with dental providers. Also produced as a companion client access marketing piece is a children's toothbrush which is also being distributed to TDH regional staff for use in outreach, etc. Samples of both items are attached. (Exhibits VI and VII)</p>
<p>6. Defendants will measure the percent of EPSDT recipients who receive medical check-ups. #277</p>	<p>Beginning in 1996/each year</p>	<p>The percent of clients receiving check-ups is measured each year in the attached federal HCFA- 416 report (Exhibit VIII). A copy was furnished to the plaintiffs in October 1996. This information was also provided to the plaintiffs in March 1996 in the statewideness analysis report. (See Exhibit IX)</p>

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7. Defendants will identify the counties or county clusters that lag behind the state average for medical check-ups. #280	Beginning in 1996/each year	The attached statewideness analysis (Exhibit IX) was completed in March 1996 and furnished to the plaintiffs. "Get well" plans were made for each of the counties lagging behind the state average.
8. Defendants will report EPSDT participation statistics to the Federal Government on the HCFA form 416. #283	Every year from 1996-1999	The attached HCFA 416 report for FY 95 (Exhibit VIII) was furnished to the plaintiffs in October 1996. With the approval of HCFA, submission of the report was delayed to facilitate the inclusion of managed care data.
9. Defendants will convene a panel of experts in child and adolescent mental health to evaluate the currently existing screening tool for EPSDT medical check-ups.(eval to be completed by 4/15/96 and any needed changes implemented by 9/1/96).. #115	By January 15, 1996	A panel was convened to evaluate the current EPSDT mental health screening tool January 11, 1996. The panel included 6 physicians, an RN, PNP and a PhD from outside the department , plus two physicians and an RN from within the Department. The above group was composed of experts in mental health, family advocates, pediatricians actively involved in the provision of care to children and adolescents, and the TDH central office staff. A draft of a new tool was developed utilizing the comments/input of the committee, and was evaluated by the group for validity and appropriateness. Additional comments were reviewed and implemented in a final version with the entire process completed May 8, 1996. In addition, the language of the new tool was adapted to a literacy level appropriate for the patient population and formatted to be user friendly. A spanish translation will also be available. (Documentation furnished under item #22)
10. Defendants will develop corrective action plans to improve the results for each health outcome indicator developed to serve as a proxy to measure whether recipients receive the full range of services that they need. These CAPs will be presented for Plaintiffs review and comment by 1/30/each year #296	By January 30, each year	See item #16

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11. Defendants will implement an initiative to effectively inform Pharmacists about EPSDT #129	By January 31, 1996	The attached articles (Exhibits X and XI) were published in the Texas Pharmacy Journal in September 95 and NHIC Medicaid Bulletin in December 1994/January 1995 informing pharmacists about the EPSDT program.
12. Parties will complete a case management plan for the EPSDT program. #264	By January 31, 1996	Please refer to item #24.
13. Defendants will arrange for a study to assess the dental health of the EPSDT population #172	By March 1996	The department's first RFP developed in preparation for contracting for this study was rejected by the plaintiffs. A new methodology for the study is new being designed and will be presented to the plaintiffs for review in approximately 30 days. (November 18, 1996)
14. Conduct annual assessments of effectiveness of transportation program/corrective action plans first one completed	By March 1996 each year	The medical transportation evaluation was completed but rejected by the plaintiffs. Two new RFPs to contract for new evaluations will be completed in November 1996. (1. Evaluate unmet need and client satisfaction, 2. Determine provider satisfaction ) Plaintiffs will be furnished with a copy of the RFP's for review and invited to participate on the review team for the contract selection process.
15. Defendants complete a statewideness analysis of counties or county clusters that lag behind in the percent of recipients who receive medical or dental check-ups #280	By March 30, 1996 each year	Please refer to #7. Completed March 96 (Exhibit IX)
16. Defendants will present their proposed methodology for studies to evaluate the health of the EPSDT population. #295	By April 1, 1996	Proposed outcome measures methodology was submitted to the plaintiffs in April 1996. In May of 1996, the plaintiffs reviewed the methodology and requested a revised proposal. The Department has now contracted with Professor John Eltinge at Texas A&M to define the sampling methodology. The anticipated completion date is December 1996. This information will be furnished to the plaintiffs for review.

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17. Evaluation completed of the MH screening tool for validity and appropriateness.(any changes due 9/1/96) #115	By April 15, 1996	Completed. See item #9 above.
18. Review billing records to determine if number of dentists who regularly provide sealants increase #161	5-31-96	<p>Dental claims payment information received from the department's health insuring agent, National Hertiage Insurance Company was evaluated in June 1996. Finding: Between FY 94 and FY 95, there was a 14.1 percent increase in the total number of dentists applying sealants and a 17.0 percent increase in the number of sealants applied per provider. There was also an 8.6 percent decrease in the relative proportion of dentists who do not apply sealants.</p> <p>In November of 1996, all THSteps dentists who have not billed for sealants will receive a letter from the TDH Dental Director (Nana Lopez, D.D.S.) encouraging sealant placement and reiterating that the research finds it acceptable to place sealants over enamel caries. The letter will include an article on "Workshop on Guidelines for Sealant Use" Journal of Public Health Dentiry, Vol. 55, No 5, Sepcial Issue, 1995)</p>
19. TDH will develop the capacity to conduct epidemiologic studies of the EPSDT population #9	By July, 1996	As indicated on the attached organizational chart (Exhibit XII) the Department does have the institutional capacity to conduct epidemiologic studies of the THSteps (EPSDT) population.

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20. Defendants will conduct a professional and valid evaluation of Pharmacists' knowledge of EPSDT coverage of items found in pharmacies. (results to plaintiffs by 9/1/96) #130	By July 31, 1996	A survey of pharmacists' knowledge of THSteps (EPSDT) was conducted in July 1996. A copy of the survey instrument was furnished to the plaintiffs. (Exhibit XIII) The results of the study have been evaluated/completed and furnished to the plaintiffs on September 9, 1996 (Exhibit XIV) The plaintiffs subsequently requested further information: "a cross referenced" review of the pharmacists survey to show the number and percent of respondents who answered all/no questions correctly and 1,2,3, etc. correctly. In October 1996, the plaintiffs were advised that this information would be made available. (Exhibit XV) and that a plan to "orally inform pharmacists" about the program will be developed with an information and review copy furnished to the plaintiffs. (Projected plan completion date is December, 1996)
21. Defendants will develop and implement a method that reports the number and percent of recipients who receive medical and or dental check-ups after receipt of oral outreach #61	By September 1, 1996	A copy of the first report provided to the plaintiffs in October 1996. (Exhibit XVI) A meeting was requested by the defendants between the two parties to discuss the report programming specifications. (Exhibit XVII)
22. Deadline for implementation of any changes to the evaluation of the MH screening tool. #115	By September 1, 1996	The revised age appropriate mental health screening tool and provider guidelines were implemented via the September/October 1996 Texas Medicaid Bulletin. (Exhibit XVIII)
23. Results of the evaluation of Pharmacists' knowledge of EPSDT is due to the plaintiffs. #130	By September 1, 1996	The attached results of the evaluation of pharmacists knowledge about THSteps (EPSDT) were forwarded to the plaintiffs on September 9, 1996. (See Exhibit XV)
24. Defendants will finalize medical case management regulations and implement the program #270	By September 1, 1996	Discussions have been ongoing with the plaintiffs on a case management plan. A copy of the defendant's latest case management plan draft was faxed to the plaintiff on September 17, 1996. (Exhibit XIX) The plaintiffs approved the September 17, 1996, draft with 2 exceptions and suggested proceeding with proposed state agency rules while continuing to work on some other issues. Draft proposed agency rules will be furnished to the plaintiffs on October 23, 1996.

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25. Defendants will report the best available information on each health indicator annually #295	Beginning September 1, 1996 annually thru 1999	See item #16. This date will need to be renegotiated.
26. Defendants will prepare a report of the number and percent of recipients who receive 1 and 2 dental check-ups/year #171	By September 30, 1996 each year	Projected delivery date is November 1996.
27. Parties will agree on expected increases in the number and percent of recipients who receive 1 and 2 dental check-ups/year. #172	By December 1, 1996	
28. Defendants will provide all reports regarding EPSDT participation to the plaintiffs no later than 12/31 of each year. #284	By December 31, 1996 each year	All reports regarding THSteps (EPSDT) participation are not available on December 31 of each year. Need to renegotiate individual report dates based on the department's fiscal year or federal fiscal year.
29. Defendants will also report to Plaintiffs the number and percent of recipients who receive all of their scheduled medical check-ups.	Def. will provide these reports to the plaintiffs no later than Dec. 31, of each year	In October, 1996, the defendants requested a meeting between the two parties to discuss system design specifications.

**\*Dates subject to change per agreement by both parties.**

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